

3223

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. **430**

FILED JAN 29 1949

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) ST LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) WEBSTER GROVES 19	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LUKES HOSPITAL		d. STREET ADDRESS (If rural, give location) 518 SELMA AVE	
3. NAME OF DECEASED (Type or Print) a. (First) JULIA b. (Middle) CORA c. (Last) SCHILLING		4. DATE OF DEATH (Month) (Day) (Year) 1 14 1949	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT 28 1883
9. AGE (In years last birthday) 65		10. AGE (In years last birthday) Months Days Hours Min. 65 11 18	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	
11. BIRTHPLACE (State or foreign country) ST LOUIS, MO		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME JACOB KAISER		13b. MOTHER'S MAIDEN NAME FANNIE PETERS	
14. NAME OF HUSBAND OR WIFE CHRIST SCHILLING		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MRS. CLARA WORCESTER	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		19. ADDRESS 518 SELMA AVE WEBSTER GROVES	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* a. SUBARACHNOID HEMORRHAGE following fall during attack of ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Epilepsy, grand mal DUE TO (c) 3523 85		INTERVAL BETWEEN ONSET AND DEATH 10 WEEKS	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DECUBITUS ULCER OVER SACRUM		40 YEARS	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. HOW DID INJURY OCCUR?	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept 29, 1948 , to Jan. 14, 1949 , that I last saw the deceased alive on Jan 14, 1949 , and that death occurred at 10:30 p. m. , from the causes and on the date stated above.			
23a. SIGNATURE James B. Jones		23b. ADDRESS 237 W. Lockwood, Webster Groves, Mo	
23c. DATE SIGNED Jan 15, 1949		23d. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-17-49	
24c. NAME OF CEMETERY OR CREMATORY BELLEFONTAINE		24d. LOCATION (City, town, or county) (State) ST LOUIS MO	
DATE REC'D BY LOCAL REG. JAN 16 1949		REGISTRAR'S SIGNATURE J. B. S. S. S.	
25. FUNERAL DIRECTOR'S SIGNATURE MITTELDORF FUN'L HOME		ADDRESS WEBSTER GROVES	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

116

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by ~~me~~ by Me

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Elton R. Remelino

Signed _____
Student Embalmer

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.